



MAY 24 2004

PTO/SB/32 (08-03)

Approved for use through 07/31/2006, OMB 0651-0031  
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REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket No. (Optional) HO-P00965US0
	In re Application of James M. Musser et al.	
	Application Number 08/160,965	Filed December 2, 1993
	For VACCINES CONTAINING CYSTEINE PROTEASE AND METHODS TO PROTECT AGAINST GROUP A STREPTOCOCCI	
	Art Unit 1645	Examiner J. A. Hines

Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences from in the appeal of the above-identified application.

The fee for this Request for Oral Hearing is (37 CFR 1.17(d)) \$ 290.00

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 06-2375. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed.  
For extensions of time in reexamination proceedings, see 37 CFR 1.550.

I am the

applicant/inventor.

Signature

assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96).

Melissa W. Acosta

Typed or printed name

attorney or agent of record.

Registration number \_\_\_\_\_

(713) 651-5407

Telephone number

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 45,872

May 24, 2004

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

**Request for Oral Hearing Before BPAI**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER509328199US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 24, 2004

Signature:

(Staci Harris)



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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 290.00)**Complete if Known**

Application Number	08/160,965
Filing Date	December 2, 1993
First Named Inventor	James M. Musser
Examiner Name	J. A. Hines
Art Unit	1645
Attorney Docket No.	HO-P00965US0

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number **06-2375**

Deposit Account Name **Fulbright & Jaworski L.L.P.**

**The Director is authorized to: (check all that apply)**

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE****Large Entity      Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$)</b>		<b>0.00</b>	

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Extra Claims	Fee from below	Fee Paid
Total Claims	-** =	
Independent Claims	-** =	
Multiple Dependent	=	

**Large Entity      Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b>		<b>0.00</b>

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
1051	130	2051 65 Surcharge – late filing fee or oath	
1052	50	2052 25 Surcharge – late provisional filing fee or cover sheet.	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	420	2252 210 Extension for reply within second month	
1253	950	2253 475 Extension for reply within third month	
1254	1,480	2254 740 Extension for reply within fourth month	
1255	2,010	2255 1,005 Extension for reply within fifth month	
1401	330	2401 165 Notice of Appeal	
1402	330	2402 165 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	290.00
1452	110	2452 55 Petition to revive – unavoidable	
1453	1,330	2453 665 Petition to revive - unintentional	
1501	1,330	2501 665 Utility issue fee (or reissue)	
1502	480	2502 240 Design issue fee	
1503	640	2503 320 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	770	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810 385 For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801 385 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3) (\$)</b>	
		<b>290.00</b>	

**SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	Melissa W. Acosta	Registration No. (Attorney/Agent)	45,872	Telephone	(713) 651-5407
Signature		Date	May 24, 2004		

**Fee Transmittal**

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